

**STATEWIDE PROGRAM STANDING COMMITTEE  
FOR ADULT MENTAL HEALTH**

**January 12, 2009  
Notes**

**MEMBERS PRESENT:** Lise Ewald, Kitty Gallagher, George Karabakakis, Clare Munat, and Marty Roberts

**PUBLIC:** Anne Donahue, Lenora Kimball, Jean New, Steve St. Onge, and Beebe Potter

**DMH AND VSH STAFF:** Frank Reed and Ed Riddell

**Preliminary Details**

Marty Roberts facilitated today's meeting. Members and others present introduced themselves. The Standing Committee approved the notes as written for the meeting of December 8, 2008.

**Reduction of Seclusion and Restraint at the  
Vermont State Hospital (VSH): Ed Riddell**

Funding for this project comes from the Substance Abuse and Mental Health Services Administration through a Seclusion and Restraint Reduction Intervention Grant. The grant runs for three years, with \$213,000 a year going to the Vermont State Hospital (VSH) and the Brattleboro Retreat. The Retreat's share of the grant is approximately \$80,000 each year. VSH is the adult component of grant activities, while the Retreat is the adolescent/child component.

Grant activities will focus on six core strategies for the reduction of seclusion and restraint that were developed by the National Association of State Mental Health Program Directors (NASMHPD). Those strategies are:

- ◆ Strategy 1: Leadership toward organizational change
- ◆ Strategy 2: Use of data to inform practice
- ◆ Strategy 3: Work force development
- ◆ Strategy 4: Use of seclusion/restraint prevention tools
- ◆ Strategy 5: Consumer roles in inpatient settings
- ◆ Strategy 6: Debriefing techniques

VSH leadership has already made strategic plans for strategies 1 and 3, with strategy 2 to follow soon. An Advisory Council reviews and makes recommendations for the strategic plans. A Celebration Fair will be held at VSH on Thursday, January 29, to highlight the ways in which VSH has already reduced the use of seclusion and restraint, the newly implemented Violence Prevention Community Meeting (VPCM) with VSH patients, the six strategies, an introduction to sensory modulation tools, and other important information and ideas.

In addition, the grant provides \$35,000 to support expert consultation and training. A leadership training has already been conducted by SAMHSA using NASMHPD trainers at VSH in late

October 2008. More than 150 individuals attended. VSH plans to invite Tina Champagne, a specialist in sensory modulation, to visit in the future.

Kitty Gallagher recommended that VSH's new patient advocate should be added to the Advisory Council. She also recommended an emphasis on debriefing for patients in addition to debriefing for staff. Use of peer supports should be considered too. Ed Riddell noted that patient debriefing at VSH has been in place since this past summer (following up on recommendations from the Joint Commission).

Lise Ewald asked for more information on sensory modulation. Ed explained that the concept came out of the 1960s for individuals who were either not responsive or overly responsive to stimuli. A history of trauma was often found to be involved. Typical tools for sensory modulation—sensory “grounding”—include weighted blankets, rubber squeezies, and soft music.

Steve St. Onge recommended that patient debriefing information be included as part of the evaluation process for the State Hospital. Jean New asked about a peer process to facilitate discussion of avoiding interventions. Ed said that the community meetings are the closest approximation of this concept thus far. A discussion of the power differential in the context of debriefing ensued. Who asks questions always affects the answers.

A structured interview process has been developed at VSH to provide information to Terry Rowe about episodes of seclusion and restraint. The Standing Committee discussed the value of equal treatment and the use of language understandable to all. It is important not to be rude when talking with patients about why events happen.

### **Department of Mental Health (DMH)/Legislative Update: Frank Reed**

**Revenue Projections.** Frank shared some information that came just today (that is, January 12) from Secretary of Administration Neale F. Lunderville on revenue projections for Fiscal Year 2009. The downward trend is unmistakable, particularly in personal income tax estimated returns. The numbers may indicate a further drop in this component of General Fund revenues to be paid in the spring of 2009. Secretary Lunderville anticipated further revenue downgrades for the General Fund at the Emergency Board meeting to be held on January 13 (that is, the day after this Standing Committee meeting). The Douglas administration will work with the legislature on remaining budget challenges in Fiscal Year 2009, as decisions become more difficult as time passes.

**Possible Relocation of DMH.** DMH is in the very early stages of considering a relocation to Wasson Hall, soon to be vacated by Community Colleges of Vermont, in Waterbury. Current planning focuses on space, separation of shared infrastructure with the Department of Health, staff turnover, and costs for such a move.

**Round 2 of Rescissions.** In mid-December the Joint Fiscal Oversight Committee approved an additional reduction of \$2,353,404 in the Fiscal Year 2009 appropriation for DMH. The bulk of the reduction is to be achieved through a 2.5 percent rescission budget adjustment and savings from current underutilization of the caseload allocation. Each designated agency (DA) is identifying where reductions should be made locally, with proposals to be submitted for DMH

approval. The current 2.5 percent reduction is projected to carry over into Fiscal Year 2010. Given the variability of utilization from agency to agency, sustained reductions will require additional financial review and discussion in the process of developing the Fiscal Year 2010 budget request.

**Grants.** Over the past year DMH has received three significant grant awards from the Substance Abuse and Mental Health Services Administration (SAMHSA) for:

- ↳ Transition-aged youth (ages 18-25): service organization and improvements
- ↳ Veterans: improved identification, intervention, and referral directed at veterans with trauma and at risk of criminal justice involvement
- ↳ Reduction of seclusion and restraint: dramatically improved trauma-informed services at VSH and the Brattleboro Retreat

**Psychotropic Pharmaceutical Prescription Patterns of Vermont Medical Providers.** DMH began a review of the patterns of usage of psychotropic medications for both adults and children in March 2008. At the same time, many parents, advocates, and consumers have been expressing concern that pharmaceutical companies have engaged in efforts to increase the purchase and use of their products. DMH has worked with the Vermont Department of Health (VDH), the Office of Vermont Health Access (OVHA), the Department for Children and Families (DCF), the Department of Corrections (DOC), and the Department of Disabilities, Aging, and Independent Living (DAIL) to create a review group to examine patterns of psychotropic pharmaceutical use. DMH is also leading a study group of providers, advocates and family members examining such patterns of use among children in Vermont, primarily in the Medicaid-covered population.

**Strategic Plan for DA System of Care.** Since the summer of 2008, DMH and the DA leadership have been exploring the creation of a strong strategic plan that will carry the system forward despite the significant financial challenges we face. A preliminary effort in this area included a meeting of all Agency of Human Services (AHS) departmental leadership and the AHS Secretary. The next steps will focus on a smaller team of DMH and DA leadership to begin building the plan and putting forth the information gathered in that process to the AHS leadership, with the purpose of maintaining a focus on how the public mental-health system can best support the overall goals of a physically and mentally healthy population.

**VSH: Certification by the Centers for Medicare and Medicaid Services (CMS).** DMH is appealing the most recent CMH site visit at VSH on the basis of errors in the site visit report that led to the decision not to recertify the State Hospital's services. Lack of Medicare and Medicaid participation remains a funding challenge for VSH.

**VSH: Compliance with the Department of Justice (DOJ) Agreement.** VSH has made significant gains during the course of its involvement with DOJ. The most recent site visit—the fifth—monitoring report is now the second survey without any finding of noncompliance.

**Further Discussion.** George Karabakakis talked about the impact of this year's rescissions at the local level. They have cut to the bone at this point, he said. Coupled with Developmental Services cuts, the rescissions have a double impact for designated agencies. Active advocacy and the stories of individuals were helpful in reducing the latest round of cuts, George said.

Beebe Potter added that agency staff are all pitching in to save whenever possible. No one wants to see client services cut, she said.

Walk-in clinics are another way to achieve savings and efficiency when, otherwise, there would be no-show appointments.

### **National Alliance on Mental Illness—Vermont (NAMI—VT): Clare Munat**

**NAMI—VT Connection Recovery Support Groups.** Clare distributed brochures and told Standing Committee members that NAMI—VT plans two training events in Vermont this year in Bennington, Brattleboro, and Burlington. The hope is to train up to sixty individuals statewide. The groups are open to all adults with mental illness.

**A Family Support Group at the Vermont State Hospital.** Clare met with Patrick Kinner and social workers at VSH to explore the idea of a family support group at the State Hospital. A follow-up meeting is scheduled for February.

### **HealthCare and Rehabilitation Services of Southeastern Vermont (HCRS) Reinvestment Project: George Karabakakis**

The HCRS Reinvestment Project was influenced by H. 859, George said. One component of the project was a request for proposals (RFP) for a county pre-sentencing program to address the needs of (1) individuals with co-occurring disorders of mental illness and substance abuse coming into contact with the legal system, or (2) individuals who have violated probation and are at risk for incarceration. Windsor County was selected to pilot the program. It is called the “Sparrow Project” because of a speech that Judge Learned Hand made in 1944 at a naturalization hearing. The Sparrow Project is modeled on the “Jericho Project,” connected to the Public Defender program. HCRS’s Sparrow Project involves screening and assessment for individuals as well as determining their unmet needs.

HCRS is currently interviewing candidates to be a program coordinator, preferably with dual certification in services for mental illness and substance abuse. A case manager, to be located at the court and working in the community, is also needed. The whole idea is to keep people out of jail, in the community. Funding for the project is \$380,000 over two years, with some money going to the court and some designated as discretionary for identified client expenses as well. Number of clients to be served over two years is projected at four hundred.

Standing Committee members briefly discussed the benefits of prevention work. Given the current strains on finances, it is difficult to maintain a focus on eventual savings through investment for the long term.

### **Public Comment**

Representative Anne Donahue observed that the metaphor of the sparrow comes originally from the Bible and not a speech by Judge Learned Hand.

Representative Donahue pointed out that the new NAMI—Connection Informational materials are supported by AstraZeneca, a pharmaceutical company.

She raised several issues of concern to her in regard to the Vermont State Hospital leadership, the legal status of the VSH Governing Body, and the Standing Committee's role in reviewing State Hospital policies.

### **Other Business**

Kitty Gallagher provided updated contact information for mailings.

### **Topics for the February 9 Agenda**

- Introductions, agenda, approval of December notes
- VSH updates
- DMH updates
- Independent Report on Act 114: Joy Livingston and Donna Reback
- Legislative update
- Grants:
  - ◆ Transformation
  - ◆ Jail diversion
  - ◆ Vermont Integrated Services Initiative
- Policy discussion (if any new VSH policies)
- Update on Meadow View Project: George Karabakakis